

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Doc 5855K  
Michael Capshaw  
c/o Houston County  
Sheriff's Department  
112 N. Oakes St.  
Dothan, AL 36302

2. Article Number  
(Transfer from service label)

7006 0810 0006 1098 0633

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

x Sheta Chang

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-11

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes